

MAY 16 2006

FROMMER LAWRENCE & HAUG LLP

745 Fifth Avenue
New York, New York 10151
Telephone: (212) 588-0800
Facsimile: (212) 588-0500
E-mail: Firm@flhlaw.com

FACSIMILE COVER LETTER

To: Commissioner for Patents
Examiner James S. Wozniak

Firm: U.S. Patent and Trademark Office
Art Unit 2655

Facsimile: (571) 273-8300

From: Paul A. Levy

Date: May 16, 2006

Re: FLH Ref No.: 450101-03685
Serial No.: 10/019,125

Number of Pages: 16
(including cover page)

If you do not receive all pages or are unable to read the transmission, please call (212) 588-0800.

CONFIDENTIALITY NOTICE

The documents accompanying this transmission contain confidential information intended for a specific individual and purpose. The information is private, and is legally protected by law. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or the taking of any action in reliance on the contents of this facsimile is strictly prohibited.

00372162

MAY 16 2006

PATENT
450101-03685IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Yasuhara Asano et al.
 Serial No. : 10/019,125
 For : SPEECH RECOGNITION DEVICE AND SPEECH
 RECOGNITION METHOD AND RECORDING MEDIUM
 Filed : May 10, 2002
 Examiner : James S. Wozniak
 Art Unit : 2655

745 Fifth Avenue
 New York, NY 10151
 Tel: 212-588-0800

Mail Stop Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.
☐ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	9	Minus	20	x	\$50 (25)	= \$0.00
Independent claims	3	Minus	3	x	\$200 (100)	= \$0.00
Total additional fee for this amendment						\$0.00

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
 ** If the highest number of total claims previously paid for is less than 20, write "20" in this space.
 *** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This response is being filed within the _____ month following the expiration of the term originally set therefor. This is a petition to request a _____ month extension of time. A check covering the cost of the petition is enclosed.
- ☐ A check in the amount of \$_____ is attached, which covers the cost of ☐ additional claims _____ petition for extension of time.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

FACSIMILE

I hereby certify that this paper is being facsimile transmitted to the Patent and Trademark Office, Facsimile No. (571) 273-8300 on the date shown below.

PATRICIA A. DUBYNE

Type or print name of person signing certification

Patricia A. Dubyne
Signature

May 16, 2006

Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicant(s)

By:

Paul A. Levy
 Reg. No. 45,748
 Tel: 212-588-0800